New Hampshire Department of Health and Human Services
Development and Implementation of an Integrated Data
Management System for Acute Psychiatric Patient
Transfer and Inpatient Bed Tracking

OFFICIAL RESPONSES TO VENDOR QUESTIONS
RFI-2018-DBH-07-DEVEL

No.	Question	Answer
1.	*Does the New Hampshire Department of Health and Human Services want to utilize a Software-as-a-Service (SaaS) based solution?*	We envision considering a variety of secure, HIPAA compliant options; including SaaS, Cloud, Commercial Off The Shelf (COTS), or custom on premise options.
2.	*Regarding bed availability status, will there be any manual updating of this info even for the administrators or is it all done through the integration?*	We envision manual ability to remove and restore a bed from/to the available inventory. We also envision an integrated bed availability status that automatically reflects when a bed that is in the available inventory is updated based on a patient admission to the bed (updating the bed to unavailable/occupied status) and a patient discharge from the bed (updating the bed to available/unoccupied status).
3.	*Regarding the alert/event notification, how does the State of New Hampshire desire the alerts: Application level alerts, email, txt or some other form?*	We seek vendor recommendations on this issue. Generally, our primary concern with respect to notifications are that they are timely issued, are securely transmitted and accessed, and are able to be read and responded to on all potential devices (stationary, desktop, tablet, and smartphone).

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4.	A) *Are there any thresholds or contract info needed to be stored by provider for the number of beds they can serve?* B) *Does this vary by service?* C) *How frequently does this change?*	A) Yes, each treatment site provider will have a limited inventory of beds. B) Yes, it varies by service; it also varies by other characteristics, such as gender, age, patient need, etc. C) The bed inventory and applicable characteristics could conceivably change on a daily basis but generally, treatment site administrators will endeavor to manage patient flow on a consistent basis rather than change bed characteristics.
5.	*How does the State of New Hampshire currently handle their waitlist?*	Through a manual process of referral sources submitting requests to New Hampshire Hospital, telephone calls between treatment sites and referral sources, faxing of information, and a twice daily email of the bed inventory status (an Excel based report). This process is largely limited to the involuntary emergency admission patients; other cases typically follow a similarly manual process between treatment sites and referral sources.
6.	*Is this functionality desired to be included as a part of this RFI solution?*	We seek vendor recommendations as to the approach and potential solution for a system that can provide the functionality described in the RFI.